

<i>SERFF Tracking Number:</i>	<i>CCGN-126331395</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>43675</i>
<i>Company Tracking Number:</i>	<i>09-5007AR</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Group Hospital Indemnity</i>		
<i>Project Name/Number:</i>	<i>Revised Surgical Benefit/09-5007AR</i>		

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Hospital Indemnity SERFF Tr Num: CCGN-126331395 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 43675
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: 09-5007AR State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Author: Carolyn Caldwell Disposition Date: 10/06/2009

Date Submitted: 10/05/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Revised Surgical Benefit

Project Number: 09-5007AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/06/2009

Deemer Date:

Submitted By: Carolyn Caldwell

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: NA

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 10/06/2009

Created By: Carolyn Caldwell

Corresponding Filing Tracking Number: 09-5007AR

Filing Description:

Enclosed is a copy of the above captioned revised Surgical Benefit form, and Schedule of Operations for your review and approval on a general basis. The form has not been filed in our domiciliary state since Pennsylvania does not require the filing of forms for delivery outside of their state (Title 31, Chapter 38, Section 89.4 (c)).

The revised Surgical Benefit form XX-604873PO(10/09) is to replace the version of our Surgical Benefit form XX-604873PO previously approved by your department 06/09/09 for use with the Group Hospital Indemnity form XX-604852, et al also previously approved by your department.

SERFF Tracking Number: CCGN-126331395 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 43675
Company Tracking Number: 09-5007AR
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Group Hospital Indemnity
Project Name/Number: Revised Surgical Benefit/09-5007AR

Company and Contact

Filing Contact Information

Carolyn Caldwell, Compliance Operations carolyn.caldwell@cigna.com
Analyst
1601 Chestnut Street 215-761-8529 [Phone]
Philadelphia, PA 19192 215-761-5609 [FAX]

Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
1601 Chestnut Street Group Code: 901 Company Type:
TL16D Group Name: State ID Number:
Philadelphia, PA 19192 FEIN Number: 23-1503749
(215) 761-8442 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Fee calculated based on state's requirement.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	10/05/2009	31048115

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<i>Product Name:</i>	<i>Group Hosptial Indemnity</i>		
<i>Project Name/Number:</i>	<i>Revised Surgical Benefit/09-5007AR</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/06/2009	10/06/2009

<i>SERFF Tracking Number:</i>	<i>CCGN-126331395</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Hosptial Indemnity</i>		
<i>Project Name/Number:</i>	<i>Revised Surgical Benefit/09-5007AR</i>		

Disposition

Disposition Date: 10/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>Revised Surgical Benefit/09-5007AR</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Surgical Schedule of Operations	Approved-Closed	Yes
Supporting Document	Filing Letter	Approved-Closed	Yes
Form	Surgical Benefit	Approved-Closed	Yes

SERFF Tracking Number: CCGN-126331395 State: Arkansas

Filing Company: Life Insurance Company of North America State Tracking Number: 43675

Company Tracking Number: 09-5007AR

TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity

Product Name: Group Hospital Indemnity

Project Name/Number: Revised Surgical Benefit/09-5007AR

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	XX-604873PO(10/06/2009 10/09)	Policy/Cont ract/Fratern al Certificate	Surgical Benefit	Initial			Amended_Surgical Benefits_Policy_.pdf

SURGICAL BENEFIT

This rider is attached to and made a part of the group policy. This rider is subject to the terms, conditions, and provisions contained in the policy.

Coverage under this rider begins on the effective date shown on the Policy Schedule, provided premiums are paid when due.

If, while coverage under this rider is in force, the Insured or the Insured's Covered Dependent undergoes a medically necessary surgical procedure in a hospital {ambulatory surgical center, or doctor's office (whichever is consistent with practices prevailing in the area for the surgical procedure)}, we will pay an amount equal to the Point Value listed in the Schedule of Operations for such procedure times the Unit Value of [\$5.00] provided:

- a) the surgery is performed as a result of a covered sickness or injury; and
- b) the surgical procedure is performed by a doctor.

If the surgical procedure is not listed in the Schedule of Operations, the amount we pay will be consistent with the amounts we pay for surgical procedures that are listed and which is similar in:

- a) the complexity of the surgical procedure;
- b) the degree of skill required to perform the procedure; and
- c) how long it takes to perform the procedure.

If, during one operation, the Insured or the Insured's Covered Dependent undergoes 2 or more surgical procedures through the same incision, we will pay a benefit only for the procedure with the highest Point Value.

If, during one operation, the Insured or the Insured's Covered Dependent undergoes 2 or more surgical procedures through different incisions, we will pay:

- a) the full benefit for the surgical procedure with the highest Point Value; and
- b) 50% of the benefit amount for each of the other surgical procedures.

[PRE-EXISTING CONDITIONS LIMITATION]

Surgical procedures performed during the first [12] months that the Insured or the Insured's Covered Dependent are insured by this rider are not covered if the surgical procedure is performed for the treatment of a pre-existing condition. A pre-existing condition is an injury or sickness for which the Insured or the Insured's Covered Dependent received medical advice, care or treatment during the [12-month] period immediately prior to being covered under this rider.]

[SCHEDULE OF BENEFITS]

Surgical Benefit:

Maximum {[[\$20,000] per person}, {[[\$50,000] per family} {per [calendar year][policy year][rolling12-month period]}]

This rider terminates at the same time as the policy to which it is attached unless terminated at an earlier date. Except for the above, the rider does not change the policy in any way.

LIFE INSURANCE COMPANY OF NORTH AMERICA

Michael W. Bell

Michael W. Bell, President

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/06/2009
Comments:			
Attachment:			
HIP Flesch Cert.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	10/06/2009
Bypass Reason:	NA		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Surgical Schedule of Operations	Approved-Closed	10/06/2009
Comments:			
Attachment:			
Surgical Schedule no columns_10_01.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Filing Letter	Approved-Closed	10/06/2009
Comments:			
Attachment:			
Filing Letter.pdf			

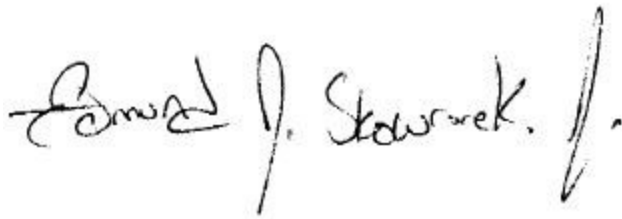
**Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235**

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. Each form was scored separately and in its entirety. These scores are set forth below.

Form Number	Description of Form	Score
XX-604852, et al	Group Hospital Indemnity	51.762

Signature:



Name: Edmund J. Skowronek

Title: Assistant Secretary

Date: May 21, 2009

SCHEDULE OF OPERATIONS

	Point Value
[SKIN & SUBCUTANEOUS TISSUE	
Drainage of boil, carbuncle or subcutaneous abscess	2.0
Excision of pilonidal cyst or sinus	30.0
Suture of small wound (up to 2.5 inches)	2.0
BREAST	
Excision of biopsy of breast	15.0
Excision of cyst, tumor or part of breast	15.0
Simple removal of breast.....	30.0
Radical removal of breast.....	70.0
BONES & JOINTS	
Excision of cyst, tumor or growth, large bones	40.0
Small bones	25.0
Spinal fusion cervical region posterior technique.....	90.0
Fracture of collarbone, simple closed reduction	15.0
Open reduction	40.0
Fracture of forearm, one bone, shaft, simple, closed reduction	20.0
Open reduction	40.0
Fracture of forearm, both bones, simple, closed reduction	25.0
Open reduction	50.0
Fracture of wrist (Colles), simple, closed reduction.....	15.0
Open reduction	40.0
Fracture of finger or thumb, simple, closed reduction	7.5
Open reduction	20.0
Fracture of ankle (Pott's), simple, closed reduction	25.0
Open reduction	50.0
Fracture of toe, simple, closed reduction	5.0
Open reduction, great toe	15.0
Open reduction, other toes	12.5
Puncture of joint for aspiration	2.0
Excision of intervertebral disc.....	90.0
With spinal fusion, posterior technique.....	120.0
Excision of semilunar cartilage of knee joint.....	50.0
Excision of hip joint	100.0
Dislocation of shoulder, simple, closed reduction	
With anesthesia.....	5.0
Dislocation of hip, simple, closed reduction.....	20.0
Open reduction	60.0
Dislocation of knee, simple, closed reduction	20.0
Open reduction	60.0
MUSCLES & TENDONS	

Excision of ganglion, wrist.....	15.0
Excision of Baker's cyst (Synovial cyst or bilpo ??? space)	30.0
Lengthening or shortening of tendon.....	30.0

RESPIRATORY SYSTEM

Excision of nasal polyp, single or multiple, unilateral or bilateral, office	7.0
Complicated, requiring hospitalization.....	20.0
Submucous resection, classic Nasal Septum.....	30.0
Antrum puncture, maxillary sinus, unilateral	2.0
Antrotomy intranasal, unilateral.....	15.0
Bilateral.....	25.0
Radical antrotomy, (Caldwell-Luc), unilateral	50.0
Bronchoscopy diagnostic	25.0
With removal of foreign body	25.0
Thoracotomy, exploratory, including control of hemorrhage and /or repair of lung fistula	27.0
Removal of lung	100.0

CARDIOVASCULAR SYSTEM

Repair of heart valve, Aortic, valvotomy (commrasurotomy) (closed)	150.0
Mitral valve, (commrasurotomy) (closed).....	140.0
Aortic or mitral, valvuloplasty for stenosis or insufficiency (open).....	200.0
replacement (open)	200.0
Ligation of femoral vein.....	25.0
Ligation and division of common iliac vein	50.0
Varicose veins ligation and division of long saphenous vein at Saphenofemoral function.....	20.0
Ligation and division and complete stripping of long or short saphenous veins, unilateral	30.0
Ligation and division and complete stripping of long or short saphenous veins, bilateral	40.0

TONSILS & ADENOIDS

Removal of tonsils, with or without adenoids, under age 18	15.0
Age 18 years or older	20.0
Removal of adenoids (independent procedure)	10.0

DIGESTIVE SYSTEM

Excision of stomach ulcer or benign tumor	60.0
Removal of stomach, subtotal, without vagotomy.....	80.0
With vagotomy.....	90.0
Resection of small intestine, with anastomosis.....	70.0
Resection of large intestine, in two stages, including first stage colostomy	100.0
Removal of appendix.....	40.0
Excision of rectum, complete combined abdominopernesi, one or two stages	100.0
Incision of rectal fistula, superficial	10.0
Excision of rectal fissure, with or without sphincterotomy.....	20.0
Excision of hemorrhoids, external, complete	20.0

Internal and external	30.0
With excision of fistula	40.0
With excision of fissure	30.0
Removal of gall bladder	60.0
With open exploration of common duct	70.0
Repair of inguinal hernia, unilateral	35.0
With orchiectomy.....	40.0
With excision of hydrocele	40.0
Repair of femoral hernia, unilateral.....	35.0

URINARY SYSTEM

Removal of kidney	80.0
Resection of bladder neck, transurethral, female	50.0
Resection of bladder tumor, transurethral, large.....	60.0
Cystoscopy, diagnostic, office (initial)	5.0
Cystoscopy, diagnostic, hospital.....	8.0
With ureteral catheterization.....	15.0
With biopsy.....	10.0
With biopsy and fulguration of small bladder tumor	25.0
With removal of stone from ureter	30.0

MALE GENITAL SYSTEM

Circumcision, newborn	
Repair of hydrocele, unilateral	
Excision of varicocele (independent procedure), unilateral	
Resection of prostate, perpari nea, subtotal.....	
Radical.....	
Resection of prostate transurethral, including control of post-operative bleeding, Complete.....	

FEMALE GENITAL SYSTEM

Repair of cystocele (independent procedure)	35.0
Repair of rectocele (independent procedure)	30.0
Repair of cystocele and rectocele	50.0
Biopsy of ovary, unilateral or bilateral (independent procedure)	
Removal of ovary unilateral or bilateral (independent procedure)	
Biopsy of cervix or endometrium (independent procedure)	3.0
Total hysterectomy (corpus and cervix)	60.0
Vaginal hysterectomy, with or without pelvic floor repair	70.0
Excision of lesion of cervix	3.0
Dilation and curettage of uterus (independent procedure)	15.0

THYROID

Excision of small cyst or tumor of thyroid	40.0
Resection of thyroid, total or complete	70.0
Subtotal or partial.....	60.0
Thyroidectomy, total or subtotal, for malignancy with radical neck dissection	100.0

BRAIN & NERVES

Plastic operation on skull with bone graft or metal or plastic plate.....	100.0
Craniotomy for drainage of brain abscess	75.0
Excision of brain tumor, sub-occipital	150.0
Spinal puncture, lumbar (independent procedure)	2.0
Laminectomy, for lesion of spinal cord	100.0
For removal of intervertebral discs	90.0
Sympathectomy, lumbar unilateral	55.0
Bilateral.....	75.0

EYE

Removal of foreign body from surface of cornea	2.0
Excision of pterygium	25.0
Needling of lens for cataracts, initial.....	20.0
subsequent	10.0
Extraction of lens for cataracts, unilateral.....	80.0
Reattachment of retina, electrocoagulation, initial	100.0
Eye muscle operation, one or more muscles, one or both eyes, single stage.....	60.0
Eye muscle transplant.....	70.0

EAR

Incision of ear drum	3.0
Stapes Mobilization.....	70.0
Fenestration of semicircular canals	100.0
Revision of fenestration operation.....	60.0]

Carolyn Caldwell
Compliance Specialist
Product Development & Filing

Group Insurance Division

a

October 5, 2009

ATT: Commissioner Jay Bradford
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Routing TL16D
1601 Chestnut St.
Philadelphia PA 19192
Telephone 215.761.8529
Facsimile 215.761.5609
Carolyn.Caldwell@cigna.com

RE: Surgical Benefit- XX-604873PO(10/09)-
Surgical Schedule of Operations
In and Out-of-state filing
Life Insurance Company of North America NAIC # 65498
09-5007/ SERFF Tracking# CCGN-126331395

Dear Commissioner Bradford:

Enclosed is a copy of the above captioned revised Surgical Benefit form, and Surgical Schedule of Operations for your review and approval on a general basis. The form has not been filed in our domiciliary state since Pennsylvania does not require the filing of forms for delivery outside of their state (Title 31, Chapter 38, Section 89.4 (c)).

The revised Surgical Benefit form XX-604873PO(10/09) is to replace the version of our Surgical Benefit form XX- 604873PO previously approved by your department 06/09/09 for use with the Group Hospital Indemnity form XX-604852, et al also previously approved by your department.

We appreciate you taking the time to review our forms, and trust that all is in compliant to your law for a prompt approval. If you should have any questions or need additional information, please do not hesitate to e-mail me at Carolyn.Caldwell@cigna.com or call me collect at 215.761.8529.

Very truly yours,



Carolyn Caldwell
Compliance Specialist